

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2		/				52				
3		/				53				
4		/				54				
5		/				55				
6		/				56				
7		/				57				
8		/				58				
9		/				59				
10		/				60				
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12	/					62				
13		/				63				
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39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	13					TOTAL DEP.				
TOTAL CLAIMS	16					TOTAL CLAIMS				